

08/02/99  
Jc553 U.S. PTO

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Atty. Docket No. 678-318(P8824)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BOX PATENT APPLICATION  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Jc511 U.S. PTO  
09/366299  
08/02/99

UTILITY APPLICATION FEE TRANSMITTAL

Sir:

Transmitted herewith for filing is the patent application of  
Inventor(s): Seok-Jin HAM

For: BILLING METHOD IN ELECTRONIC SWITCH IN A CELLULAR  
NETWORK

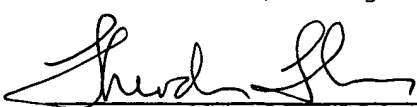
Enclosed are:

- [X] 20 page(s) of specification
- [X] 1 page(s) of Abstract
- [X] 6 page(s) of claims
- [X] 7 sheet(s) of drawing(s) [X] formal [ ] informal
- [X] 2 page(s) of Declaration and Power of Attorney
- [X] An Assignment of the invention to Samsung Electronics Co.  
Ltd.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date August 2, 1999 in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL260887549US addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Dated: August 2, 1999

  
Theodosios Thomas

☒ Certified copy of application

<u>Country</u>	<u>Appln. No.</u>	<u>Filed</u>
<u>Korea</u>	<u>1998-31441</u>	<u>August 1, 1998</u>

from which priority under Title 35 United States Code,  
§ 119 is claimed

☐ is enclosed.

☒ will follow.

CALCULATION OF UTILITY APPLICATION FEE

<u>For</u>	<u>Number Filed</u>	<u>Number Extra</u>	<u>Rate</u>	<u>Basic Fee</u>
				<u>\$ 760.00</u>
Total				
Claims*	26	= 6	x \$ 18.00	\$ 108.00
Independent				
Claims	7	= 4	x \$ 78.00	\$ 312.00
Multiple	[ ] yes	Add'l. Fee	\$260.00	\$ -0-
dependent				
Claims	[x] no	Add'l. Fee	None	= \$ -0-
<b>TOTAL</b>				<b><u>\$1,180.00</u></b>

☐ Verified Statement of "Small Entity" Status Under 37 C.F.R.  
§ 1.27. Reduced fees under 37 C.F.R. § 1.9(f) (50% of  
total) paid herewith \$\_\_\_\_\_.

☒ A check in the amount of \$40.00 to cover the recording of  
the attached Assignment is enclosed.

☒ A check in the amount of \$1,180.00 to cover the  
filing fee(s) is attached.

☐ Charge fee to Deposit Account No. 04-1121. Order No.  
\_\_\_\_\_ TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

\*Includes all independent and single dependent claims and all claims referred to in multiple  
claims. See 37 C.F.R. § 1.75(c).

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

Date: August 2, 1999



SIGNATURE OF ATTORNEY

Peter G. Dilworth

Reg. No. 26,450

Attorney for Applicant(s)

DILWORTH & BARRESE  
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Uniondale, NY 11553  
Tel.: (516) 228-8484  
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PGD/TT/lah

Please type a plus sign (+) inside this box → ☐

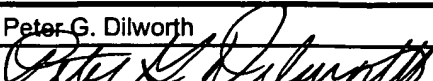
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	<b>Attorney Docket No.</b> 678-318 (P8824)
	<b>First Inventor or Application Identifier</b> Seok-Jin HAM
	<b>Title</b> Billing Method in Electronic Switch in a Cellular.
	<b>Express Mail Label No.</b> EL260887549US

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 27] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the invention</li><li>- Brief Summary of the invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee) <input type="checkbox"/> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input checked="" type="checkbox"/> Other: Check for \$1,180.00 (filing fee) Check for \$40.00 (recording fee)	
4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>		
<b>NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</b>		
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		

<b>17. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
Name	Paul J. Farrell, Esq.				
Address	Dilworth & Barrese 333 Earle Ovington Blvd.				
City	Uniondale	State	NY	Zip Code	11553
Country	U.S.	Telephone	(516) 228-8484	Fax	(516) 228-8516

Name (Print/Type)	Peter G. Dilworth	Registration No. (Attorney/Agent)	26,450
Signature		Date	August 2, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$ ) 1,220.00

## Complete if Known

Application Number  
Filing Date  
First Named Inventor **Seok-Jin HAM**  
Examiner Name  
Group / Art Unit  
Attorney Docket No. **678-318 (P8824)**

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **04-1121**  
Deposit Account Name **Dilworth & Barrese**

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	<b>760</b>
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ ) 760

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
<b>26</b>	<b>-20** = 6</b>	<b>18</b>	<b>= 108</b>
<b>7</b>	<b>-3** = 4</b>	<b>78</b>	<b>= 312</b>
Multiple Dependent		<b>260</b>	<b>= 0</b>

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 420.00

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	<b>40</b>
146 760	246 380	Filing a submission after final rejection (37 CFR 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

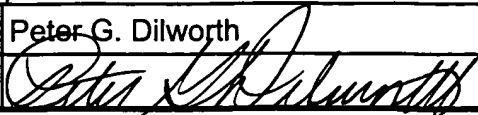
\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 40

## SUBMITTED BY

Typed or Printed Name **Peter G. Dilworth**

Signature



Date

**8/2/99**

## Complete (if applicable)

Reg. Number **26,450**

Deposit Account User ID **04-1121**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.